POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

ALWAYS USE ZIP CODE

POSTMARK OF DELIVERING OFFICE

HYATTSVILLE MD. FEB 25 1967 PM

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER
Harold Weisberg

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE
Hyattstown, Maryland 20734

POD Form 3811 Oct. 1965

055—16—715548-8

1967
M.D.

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and when delivered ☐ Show to whom, when, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) 1 W. J. T.
CERTIFIED NO. 296512	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 2 R Bay
INSURED NO.	
DATE DELIVERED	SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-8 GPO